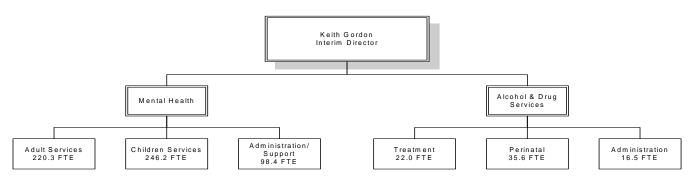
BEHAVIORAL HEALTH Keith Gordon

MISSION STATEMENT

The Department of Behavioral Health will help individuals living with the problems of mental illness and substance abuse to find solutions to challenges they face so that they may function well within their families and the community. The Department of Behavioral Health staff will be sensitive to and respectful of all clients, their families, culture and languages. The Department of Behavioral Health will use the taxpayers' money wisely to meet its goals while following all governmental guidelines and requirements. The Department of Behavioral Health will provide a pleasant workplace for its staff members so that they may be creative and effective in their jobs. The Department of Behavioral Health will provide a pleasant environment for clients in which to receive services.

ORGANIZATIONAL CHART



SUMMARY OF BUDGET UNITS

				Fund	
	Appropriation	Revenue	Local Cost	Balance	Staffing
Behavioral Health	114,699,507	112,856,754	1,842,753		565.9
Alcohol and Drug Services	20,577,850	20,428,392	149,458		74.1
Special Patient Account	10,544	1,760		8,784	-
Driving Under the Influence Prog.	336,269	111,254		225,015	-
State Block Grant Carryover Prog.	4,017,625	1,525,000		2,492,625	-
Court Alcohol and Drug Fines	1,010,792	420,000		590,792	
TOTAL	140,652,587	135,343,160	1,992,211	3,317,216	640.0

2004-05

Behavioral Health

DESCRIPTION OF MAJOR SERVICES

The Department of Behavioral Health (DBH) is responsible for providing mental health services to county residents who are either unable to afford treatment or do not live in proximity to private services. Treatment is provided to all age groups, with primary emphasis placed on treating children, families and chronically mentally ill adults (in that priority). Services are delivered throughout the county via a network of department-operated clinics, community based contract providers (residential and psychiatric skilled nursing facilities and acute hospitals), public schools, and other community-based settings. Services include: information and referrals, community outreach, client self-help and support groups, a variety of children's programs, mentally ill homeless program, employment services, case management, crisis and transitional residential assistance, augmented board and care placements, conservatorship services, supportive housing services and client transportation assistance. The department also operates as a training setting by administering various internship programs and offering continuing education for licensed department and contractor staff.

Mental health services are principally funded by realignment funds generated from state sales tax and vehicle license fees (48%), state revenues (21%) and federal revenue (28%). The remaining three percent of revenue sources are insurance/patient fees, reimbursements, other miscellaneous revenue, and local cost MOE. The local cost of \$1,842,753 represents the required realignment revenue maintenance of effort (MOE).



BUDGET AND WORKLOAD HISTORY

	Actual 2002-03	Budget 2003-04	Actual 2003-04	Final 2004-05
Total Requirements	117,341,111	121,296,698	117,902,648	114,699,507
Departmental Revenue	115,498,359	119,453,945	116,059,895	112,856,754
Local Cost	1,842,752	1,842,753	1,842,753	1,842,753
Budgeted Staffing		686.2		565.9
Workload Indicators				
Direct billable hours: Clinic	242,418	202,754	228,505	226,811
Direct billable hours: Contract	107,684	68,104	125,121	119,430
Direct billable hours: Fee for service	34,220	24,205	43,896	32,617
Medical Administrative Activity hours	33,087	33,496	36,488	34,579
Quality Assurance hours	15,532	8,120	30,347	18,638
Outreach hours clinic & contract	84,865	75,764	12,039	8,993
Day treatment hours: Habilitative (clinic & contract)	56,692	=	30,382	27,676
Day treatment hours: Intensive	59,639	20,800	65,247	20,960

Variances between actual and budget for 2003-04 existed in salaries and benefits, other charges, and realignment.

In an effort to reduce the use of Realignment fund balance to cover ongoing expenditures, DBH held many positions vacant throughout the year resulting in salary savings. Furthermore, the decrease in services and supplies is due primarily to aggressive efforts to reduce general office expenses and equipment purchases, reduced contracted services, and postponement of a new Medical Information System implementation. As a result of these efforts, the realignment draw decreased by \$4.36 million.

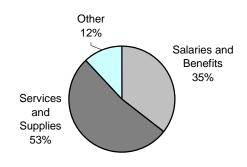
The variance in other charges is due to over-utilization of state hospital beds partially due to difficulty in placing clients in alternate care facilities. The 2004-05 budget includes plans to reduce the use of state hospitals.

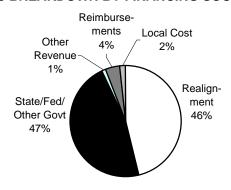
Workload indicators variances between actual and budget for 2003-04 existed in the following areas:

- Direct billable hours Clinics and Contracts: The 2003-04 budget of 68,104 for Contract Billable Hours was understated as it did not include an estimate for contracted services approved in January of 2003. The revised 2003-04 Budget Contract Billable Hours is 118,796. The 2004-05 budget reflects a shift of services from contract providers to existing DBH clinics.
- Direct billable hours Fee for service (FFS): This network continues to increase, as does the demand for services. However, the department will be implementing new procedures aimed at lowering costs in the FFS network and improving continuum of care to clients through other DBH sponsored programs. The 2004-05 workload indicators are projected at an increase but still lower than the 2003-04 actual, as it is believed that some of the growth will be offset by the changes outlined above.
- Quality Assurance: The 2003-04 budget of 8,120 was in error due to a data extraction problem. The corrected amount is 17,396. The actual hours reflect a one-time increase as a result of a special project. This project has been completed and the 2004-05 budget reflects the decrease.
- Outreach hours: The variance is primarily due to changes made to the department's service delivery system. Outreach services are non-billable and are nearly 100% realignment funded. Staff providing these services were re-directed to clinics providing billable services or grant funded programs. The methodology used in capturing this information was also changed, which contributes to the large variance.
- Day Treatment (Day Tx): The 2003-04 budget included plans to shift from habilitative Day Tx to Intensive.
 However, only approximately 50% occurred, creating a variance in both categories. In addition, the 2003-04
 budget for intensive day treatment was understated, as it did not include contracted services and should be
 revised to 62,961. The 2003-04 actual workload indicator for Intensive Day Tx reflects a slight increase over
 2002-03 actual services. However, the 2004-05 indicators reflect the reduction expected when contracts are
 restructured or eliminated.

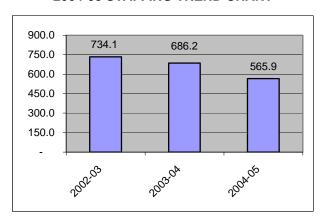


2004-05 BREAKDOWN BY EXPENDITURE AUTHORITY 2004-05 BREAKDOWN BY FINANCING SOURCE

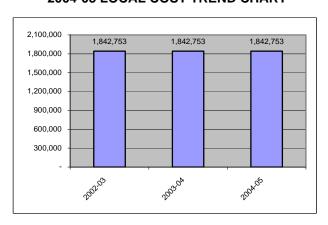




2004-05 STAFFING TREND CHART



2004-05 LOCAL COST TREND CHART



GROUP: Administrative/Executive DEPARTMENT: Behavioral Health FUND: General BUDGET UNIT: AAA MLH FUNCTION: Health & Sanitation ACTIVITY: Hospital Care

2004-05

2004-05 **Board Approved** 2003-04 2003-04 2004-05 **Board Approved** Changes to **Base Budget Base Budget** Final Budget Actuals Approved Budget **Appropriation** 42,310,515 Salaries and Benefits 42,328,702 45,927,158 48,891,667 (6,581,152)Services and Supplies 62,786,823 63,460,816 65,631,970 (2,943,392)62,688,578 407,902 Central Computer 407.902 523.431 523.431 Other Charges 5,148,542 4,104,225 4,104,225 (72,474)4,031,751 Transfers 4,511,462 4,750,339 4,503,964 173,906 4,677,870 Total Exp Authority 115,183,431 118,650,440 123,655,257 (9,423,112)114,232,145 (3,998,290)(5,175,391) Reimbursements (4,096,495)(4,096,495)(1,078,896)**Total Appropriation** 111.185.141 114.553.945 119.558.762 (10,502,008)109.056.754 Operating Transfers Out 6,717,507 6,742,753 6,742,753 (1,100,000)5,642,753 **Total Requirements** 117,902,648 121,296,698 126,301,515 (11,602,008)114,699,507 **Departmental Revenue** Realignment 62,416,095 66,771,891 68,290,987 (13,073,730)55,217,257 State, Fed or Gov't Aid 51,707,528 50,709,147 53,362,281 2,536,589 55,898,870 **Current Services** 306.141 268.499 268.499 25.475 293.974 Other Revenue 1,607,411 1,704,408 1,704,408 (257,755)1,446,653 Total Revenue 116,059,895 119,453,945 123.626.175 (10,769,421)112.856.754 **Local Cost** 1,842,753 1,842,753 2,675,340 (832,587)1,842,753 **Budgeted Staffing** 686.2 686.2 (120.3)565.9



Budget Highlights:

The majority of Behavioral Health services are funded with State Realignment revenues. In recent years, the budget has included a combination of ongoing realignment funds as well as use of unspent realignment fund balance. To better align spending with receipt of ongoing realignment funding, DBH made significant cuts in the 2003-04 budget and the following reductions in the 2004-05 budget: 1) salaries and benefits of \$6.6 million, 2) services and supplies of \$2.9 million, and 3) capital improvements of \$1.1 million (renovation of building H).

The net change to budgeted staffing is a reduction of 120.3 positions. The majority of these positions are currently vacant due to attrition and the county's hiring freeze. DBH worked with Human Resources to transfer staff from unfunded positions to other positions in the county. These reassignments and transfers minimized the need for layoffs.

The reduction in services and supplies is primarily due to a \$4.8 million reduction in contracted services partially offset by an increase in computer software of \$1.9 million. DBH intends to preserve current service levels to its target population (Medi-Cal eligible children/families and persistently mentally ill adults) by eliminating services to non-targeted population, which are predominantly realignment funded. Furthermore, the approved contracted services will allow DBH to maintain a network of community-based sub-contractors in geographic areas not served by DBH clinics. Also, the County finds that continuing these services is based on the most cost-effective use of available resources to maximize client outcomes to residents of San Bernardino County. Computer software increased due to the implementation of a new Medical Information System (Meditech), which is necessary as the existing system is outdated and no longer supported by the vendor.

Reimbursements increased by \$1.1 million due to increase in transfers from Alcohol Drug Services for administrative support and reimbursement of Rents/Lease of Structures.

The total realignment savings from 2003-04 budget to 2004-05 budget is \$11.6 million, a \$1.5 million increase in base budget offset by a \$13.1 million decrease in Board approved changes.

The increase in state and federal revenue is primarily due to increased billing rates and increased in the number of services provided to Medi-Cal/Early, Periodic, Screening, Diagnostic, and Treatment (EPSDT) eligible children.

DEPARTMENT: Behavioral Health FUND: General BUDGET UNIT: AAA MLH

SCHEDULE A

MAJOR CHANGES TO THE BUDGET

		Budgeted		Departmental	
		Staffing	Appropriation	Revenue	Local Cost
2003-04 FINAL BUDGET		686.2	121,296,698	119,453,945	1,842,753
Cost to Maintain Current Program Services					
Salaries and Benefits Adjustments		-	2,878,579	2,878,579	-
Internal Service Fund Adjustments		-	655,973	655,973	-
Prop 172		-	-	-	-
Other Required Adjustments		-	-	-	-
	Subtotal		3,534,552	3,534,552	-
Board Approved Adjustments During 2003-04					
30% Spend Down Plan		-	-	-	-
Mid-Year Board Items		-	1,470,265	1,470,265	-
	Subtotal		1,470,265	1,470,265	-
Impacts Due to State Budget Cuts		<u> </u>	-	(832,587)	832,587
TOTAL BOARD APPROVED BASE BUDGET		686.2	126,301,515	123,626,175	2,675,340
Board Approved Changes to Base Budget		(120.3)	(11,602,008)	(10,769,421)	(832,587)
TOTAL 2004-05 FINAL BUDGET		565.9	114,699,507	112,856,754	1,842,753



DEPARTMENT: Behavioral Health FUND: General BUDGET UNIT: AAA MLH

SCHEDULE B

BOARD APPROVED CHANGES TO BASE BUDGET

	Brief Description of Board Approved Changes	Budgeted Staffing	Appropriation	Departmental Revenue	Local Cost
1.	Reduce Payroll costs associated with Employment Services Specialist (ESS). Less than anticipated ESS positions from Human Services Systems.	-	(433,470)	-	(433,470)
2.	Medical Staff (MD) Deleted contract psychiatrist positions due to restructuring the Medical Staff.	(3.8)	(634,000)	-	(634,000)
3.	Delete 116.5 positions - Delete 96.0 positions that became vacant during FY2003-2004 and remained unfil	(116.5) led due to a hir	(5,513,682) ing freeze.	-	(5,513,682)
	 Delete 16.0 filled positions that are unfunded for FY 04-05. The department is tryin positions. Add a 0.5 Business Application Manager for ongoing support of the Department's implementation of Meditech. Delete a net of 5.0 clerical and program positions due to transfers in/out between mix mental health professionals with alcohol and drug professionals to better serve 	Information tec Behavioral Hea	hnology systems and lth and Alcohol and l	d to assist with the Drug. The departm	nent is trying to
	Services and supplies Reduce services and supplies by \$522,398 associated to the staffing reductions and staff MDs by \$193,379.	d increase cont	·	ed MD to compen	(329,019) sate for fewer
5.	Decrease in Internal Service Funds services The following changes were made in services and supplies: increase cellular charge and packaging, records storage, courier and printing, Distributed Equipment, and Is			- intenance and dec	(174,412) crease presort
6.	Eliminate Indigent Contracts The department of Behavioral Health (DBH) currently reimburses local area Fee-Foindigent clients. These contracts are scheduled to be terminated to reduce reliance the needs of these clients by using existing resources and by providing alternative let	on Realignme			•
**	Final Budget Adjustment - Policy item to restore Indigent Contracts The elimination of indigent contracts above was restored to the projected leverage. Realignment is used to offset this cost.	- el of service re	550,000 equired to maintain	550,000 the current syste	- em of indigent
7.	Reduce Service Contracts The department is in the process of restructuring several mental health contracts ar contracts. DBH has plans to shift existing treatment staff into Early, Periodic, Scree services that will be lost due to contract terminations. These costs were primarily fu	ning, Diagnosti	c, Treatment (EPSD		
**	Final Budget Adjustment - Mid year changes to contracted services Some of the contracts eliminated above were restored because the County fir effective use of available resources to maximize client outcomes to residents following services: 1) Early Periodic, Diagnostic, and Treatment Services and pay for these costs.	of San Bernar	dino County. Cont	racts restored we	ere for the
8.	Reduction in remote Pharmacy Costs Due to the new pharmacy benefit manager contract, the department estimates savi Realignment.	- ngs in remote p	(167,795) harmacy costs. The	se costs were fund	(167,795) ded with
9.	Meditech - Client Data System New client data system currently being evaluated for implementation in FY2004-200 the installation and program support. Training and other related costs are not includ necessary as the current system is outdated, not HIPAA compliant, and is no longe	led in this line it	em. This is a one-ti		
10	Other miscellaneous changes The following changes were made in services and supplies: decrease phone service expense, travel, mileage, advertising, and cowcap. These reductions were partially				
11	Other Charges Decrease in interim funding to clients requiring placement, but either awaiting Social	l Security (SSI)	(72,474) approval or are not	- financially able to	(72,474) provide for their
12	Care Transfers Out - Eliminate Children's System of Care (CSOC) grant The CSOC grant was only funded for half a year in 2003-04 and will not funded in the (\$229,000) and the Department of Children Services (\$185,088).	- ne 2004-05 bud	(414,088) get year. The affecte	- ed departments ar	(414,088) e: Public Health
13	Transfers out - Lease costs Changes in lease costs are as follows: a decrease of (\$296,829) due to closing five the DBH Warehouse lease was terminated and relocated to the Gilbert Street comp DBH paying the Department of Real Estate for Alcohol and Drug Services' (ADS) le	olex, a county of	wned facility. An inc	rease of \$556,092	



DEPARTMENT: Behavioral Health FUND: General BUDGET UNIT: AAA MLH

SCHEDULE B

BOARD APPROVED CHANGES TO BASE BUDGET

	Budgeted Departmental			
Brief Description of Board Approved Changes	Staffing	Appropriation	Revenue	Local Cost
14. Transfers out - Administrative Support/EHAP	-	328,731	-	328,731
Transfers to Human Services Systems for administrative support in the areas of Alcohol and Drug Services for program support increased by \$58,541; and EH.			reased by \$266,50	00; transfers to
15. Reimbursements		(1,078,896)	-	(1,078,896)
The following changes were made to reimbursements: Eliminate transfers relatincrease transfers for Program Manager and intensive Day program (SHAC be from ADS for rent and administration support.				
16. Decrease in Operating Transfers Out	-	(1,100,000)	-	(1,100,000)
The following changes to Operating Transfers out were made: a decrease due located on the Gilbert Street Complex, due to budget constraints and conclusion Managed Care costs. All these costs were funded by Realignment.				
17. Decrease in Realignment		-	(17,225,687)	17,225,687
The Department developed a strategic service plan intended to define strategic budgetary constraints. The main goals of this new focus is to preserve clinical severely persistently mentally ill adults and to better align spending with ongoin	services to its target	t population (Medi-Ca		
** Final Budget Adjustment - Fee requests - Realignment A new fee for Continuing Education Units was established. Realignment	is offset by the fee	revenue. See Fina	(26,370) I Budget Adjustm	26,370 ent to Current
Services under line #21.				
18. EPSDT growth FY 2002-03 and FY 2003-04	-	-	1,789,595	(1,789,595)
Estimates indicate anticipated EPSDT net growth for these two fiscal years in t	the amount of \$1.8 r	million.	,,	(,,,
19. Anticipated increase in Medi-Cal FFP	-	-	2,586,267	(2,586,267)
Estimated \$2.59 million growth due to increased billing rates, adjusted based o increased number of services to Medi-Cal/EPSDT eligible children.	on actual costs to pro	ovide services. Also	, DBH will be provi	iding an
20. State/Federal Aid		-	(1,839,273)	1,839,273
Decreases in state/federal revenue are due to the following: the conclusion of t in Medicare.	the MIOCR grant an	d the Vocational Rel	nabilitation grant, a	and decreases
21. Current Services Minor decrease in private pay.		-	(895)	895
** Final Budget Adjustment - Fee requests - Current Services Current services is increased due to a new fee for Continuing Education certificates to non-county mental health providers. The revenue generate				
Adjustment to Realignment under line item #17.		-		
22. Miscellaneous change to other revenues		-	(257,755)	257,755
Decrease in Institutes of Mental Disease - SSI payments. There was also a der #11.	crease in expenses	related to this reven	ue. See Other Cha	arges, line item
_	Total (120.3)	(11,602,008)	(10,769,421)	(832,587)

^{**} Final Budget Adjustments were approved by the Board after the proposed budget was submitted.

